

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/506,619
Filing Date	September 14, 2004
First Named Inventor	Giangiacomo TORRI et al.
Title	Free-Radical Functionalized ...
Art Unit	1623
Examiner Name	Jonathan S. Lau
Attorney Docket Number	5497

I hereby revoke all previous powers of attorney given in the above-identified application.

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27160

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
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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